UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING

Thursday July 2, 2020, 10:00 AM – 12:00 PM MDT

Utah Department of Health Online Google Meet
meet.google.com/nba-hscd-bbt
Phone Number: 612-807-1753
PIN: 784 521 787#

Minutes

Members Present: Rand Rupper (Chair), Anika Gardenhire, Dallas Moore, Mark Dalley, Matt Hoffman, Matt McCullough, Sarah Woolsey, Todd Bailey, Trish Henrie-Barrus, Ken Schaecher, Henry Gardner

Members Absent: Ben Hiatt, Preston Marx

Staff Members: Navina Forsythe (UDOH), Kailah Davis, Humaira Lewon (UDOH), Valli Chidambaram (UDOH), Huaizhong Pan (UDOH), Robert Wilson (UDOH)

Guests: Ed Derringer, Angela Page (Weber State University), Sterling Petersen (UDOH), Sid Thornton (Intermountain Healthcare)

1. **Welcome and Introduction:**

The meeting started at 10:03 am. Randall Rupper welcomed new commissioners Matt McCullough. Everyone attending the meeting gave a brief introduction. Randall mentioned that the Commission canceled the May meeting because the members of the Commission were busy with helping with COVID-19 related activities.

2. **Approval of Minutes:**

The March 2020 meeting minutes were reviewed.

MOTION 1:
The motion for approval was made by Sarah Woolsey at 10:12 AM**,** Todd Bailey seconded. All voted in favor.

3. **Discussion Items**
   a. **Social Determinants of Health Follow up - Sarah Woolsey**

Recap

- Sarah Woolsey recapped the social determinants health discussions from the January and March meetings. She mentioned it is important for UDHSC to identify the "sweet spot" that would help the Commission in advancing the use of social determinants for various levels [from the patient level of care to the population level of care] to help payers close gaps and connecting people to services. Sarah suggested adding social determinants of health (SDOH) project(s) to the state Health Information Technology (HIT) plan because of the current traction around SDOH and it aligns with the Office of the National Coordinator (ONC) strategic plan which focuses heavily on interoperability and SDOH. The SDOH panel from the UDHSC January 2020 meeting will align Utah's SDOH efforts with the national agenda and incorporate it into the State's HIT plan.
- Sarah went on to provide a draft of potential goals for SDOH in the HIT plan. Sarah said that Navina had talked to Dr. Miner about the draft goals and he is supportive of the SDOH projects as a priority for the Commission. These draft goals are:
    - Complete a position paper for Dr. Miner on HIT needs in the SDOH area.
    - Support and report to the Commission on regular community partner activities. Partners include the 211 Committee, United Way, The Alliance (Unite Us platform), UHIN, and others who presented at the January 2020 UDHSC meeting.
    - Develop high-priority use cases for collection and interoperability.
    - Develop a HIPAA/non-HIPAA data transfer recommendation to overcome barriers.
- Matt McCullough brought up the question about the scope of the social determinants of health goals. He went on to mention potential barriers such as internet connectivity and the ability to use telehealth in rural areas.
- Randall mentioned that regular reporting would help advance the SDOH goals. He went on to mention that members of the Commission who are highly active in the SDOH area should monitor and track progress and report the information back to the Commission. He further noted his appreciation of the concrete action items for the Commission to pursue.

Action 1: Sarah and Navina write a position paper for Dr. Miner on HIT needs in this area.
Action 2*:* Sarah will lead the development of high priority SDOH use cases.
Action 3: SDOH panel will develop a HIPAA /non- HIPAA data transfer recommendation to overcome barriers.

b. Telehealth Trends since COVID-19

Presentation

- Sterling Petersen from the Office of Healthcare Statistics (OHCS) at the Utah Department of Health (UDOH) presented on telehealth encounter trends since the COVID-19 pandemic. Specifically, he showed trend charts of weekly telehealth encounter totals by procedure type primary diagnosis. The data was from the All-

Payer Claims Database (APCD). APCD is an entirely comprehensive of the entire Healthcare market and Utah. The APCD does not contain traditional Medicare Part A and Part B but it has most of the commercial market and Medicaid. It also contains a certain percentage of Medicare Advantage plans. The weekly Telehealth encounter totals by procedure type chart showed that in 2020 from January to the first half of March telehealth usage in Utah was small but in mid-March, the usage increased very quickly from hundreds to tens of thousands of telehealth encounters; see presentation [slide 1]. The percentage of psychological or psychiatric evaluations and therapy of all the telehealth encounters in the APCD increased from about 8% at the beginning of the year [2020] to 34% on March 28th. However, the percentage begins to decrease in May. Also, the percentage of telehealth mental health visits were 10% at the beginning of 2020 but reached a high point of 47% on March 28th. However, that percentage decreased later but maintains a ratio in the 40% range; see presentation [slide 2].

Discussion

- Mark Dalley wondered about how much of the decrease in the telehealth trends after May 2020 is due to reimbursement changes and a lot of insurance companies returning to preferring face-to-face visits as opposed to telemedicine or just an unexplainable decrease. Sterling noted that the decrease is probably due to both reasons highlighted by Mark. Sterling went on to mention that some payers might be changing their policies with a preference towards physical visits and also people being able to get into the doctor and feeling more comfortable visiting in person. Trish agreed with Sterling's comments and went on to highlight that at her practice in March and April people did not want to have face to face visits and insurance companies began reimbursing for things they weren't reimbursing before. Trish also explained that insurance companies will extend Telehealth reimbursement for several months. However, she is not sure whether telehealth will be reimbursable in the future.
- Matt McCullough raised the question about reimbursement policies changing and its impact on reimbursement costs. Sterling noted that future analysis will look at that metric, specifically, on how much is being paid for each of these visits, the negotiated rates, and the allowed amount. Some telehealth providers charge much less than a traditional office visit; however, from a private perspective, Trish said they [private practices] are paying the same amount now but before the COVID-19 pandemic, private practices were not paying as much for telehealth as they were for face to face visits.
- Ken, as the payer representative on the Commission, answered and clarified some of the previous questions and comments. He mentioned most payers have not decided what will occur after the COVID-19 pandemic and after the emergency declarations that expired. He further noted that payers have seen the value in telehealth and reimbursement policies are being reassessed.
- Matt Hoffman mentioned that for some payers the part of the reimbursement that clinicians are getting for the in-office visits is for the "brick-and-mortar" practices to cover administrative and building costs and all the extras that go with having a

building. As a result, payers are trying to identify the right balance for telehealth reimbursement. Ed, Home Health Association representative, mentioned that thought brick and mortars will still need to cover costs for additional equipment such as technical requirements for telemedicine. He further highlighted that therapists and physicians, like his wife, tend to require more time to prepare for telehealth visits.

- Navina noted that there will be a continued spread of COVID-19 until there is a vaccine or have a large group of people who are immune to the virus. As a result, payers should include the continued spread should be a part of the decision-making considerations of whether telehealth reimbursements should continue or not.

c. State of Telehealth in the State and Nation - Policy Changes

Overview and Trends

- Matt McCullough provided an overview of the telehealth policy landscape. He gave a brief introduction to the Utah Education and Telehealth Network (UETN). The Utah Telehealth Network (UTN) was created through a legislative action about five years ago with the education Network, which connects all the schools and higher educations. For the Telehealth side, the network connects to ~70 sites in Utah including hospitals, clinics, and public health departments. The network provides the opportunity to help schools do provide better health care and screenings.
- Matt McCullough showed an increase of telehealth from 2019 to 2020 at a national level. The volume of claims increased by 4,000% in March 2020 compared to the previous year. For the western United States, the increase percent change in claims is about 2,000%. Telehealth is being used more in rural areas in 2020 compared to in 2019. Matt posed several questions to the audience such as:
    - How do we sustain this [the increased use of telehealth]?
    - How do we make it values add?
    - How do we continue to maintain a high level of value in the care that we provide?
    - What type of services can be included in expanding telehealth services?

Policy Changes

- Matt McCullough discussed several telehealth policy changes that occurred in 2020, thus far.
    - House bill 313 Telehealth parity amendment was passed in the legislative session before the COVID-19 pandemic. The changes include:
      1. Amends the definition of telehealth Services by adding remote patient monitoring.
      2. Clarifies the scope of telehealth practice, requiring providers to establish a provider-patient relationship during the telehealth encounter and also requiring providers to provide the medical record and report to the patient's designated health care provider to maintain continuity of care.
      3. Requires certain health benefit plans to provide coverage parity and commercially reasonable reimbursement for telehealth services and telemedicine services, including coverage parity - provide coverage for

telemedicine services that are covered by Medicare; and reimburse, at a commercially reasonable rate. Matt noted that this change is a major success for telehealth in Utah. The coverage and reimbursement go into effect on January 1st, 2021.

- Matt also covered several other major policy changes during the COVID-19 pandemic. He noted that before the COVID-19 pandemic there were a lot of restrictions to fee-for-service reimbursement for telehealth. These restrictions included:
    - **The originating site**: providers could only get reimbursed for telehealth services if the patients receiving those services were located at specific types of facilities and those facilities were located in specific geographic locations. There were a few exceptions such as treatment for Substance Use Disorder, stroke, and Dialysis for End-State Renal Disease.
    - **The distant site practitioner** only a specific subset of provider types are eligible to serve as distant site providers. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) were specifically excluded from being able to serve as distant site practitioners.
    - **Types of services** only a limited set of HCPCS/CPT Codes were eligible for telehealth reimbursement.
- Matt McCullough went on to describe 6 major policy changes that happened in response to the COVID-19 pandemic.
    - Removal of all of the originating site facility and geographic restrictions for Medicare telehealth services. This allows the patient to be located anywhere at the time of service, including in their home.
    - Removal of all distant site practitioner restrictions. This allows all provides eligible to bill Medicare to be able to serve as a distant site practitioner for Telehealth services. (FQHC & RHC). All practitioners who are eligible to bill for Medicare services, as well as FQHCs and RHCs, are now eligible to serve as distant site practitioners for Telehealth, including physical therapists, occupational therapists, speech-language pathologists, and others.
    - The Centers for Medicare & Medicaid Services (CMS) now allows for more than 80 (actually up to 120 now) additional services to be furnished via telehealth.
    - CMS now allows individuals to use interactive apps with audio and video capabilities (e.g., smartphones and tablets) for telehealth visits with their clinicians.
    - HHS is exercising enforcement discretion related to HIPAA. The Office of Civil Rights stated that providers would not be subject to penalties for violations of HIPAA during the public health emergency. The state of Utah came out with an executive order supporting the penalty change with some guidance, thus allowing medical providers to offer a telehealth service that does not comply with the security and privacy standards required by Utah law, i.e. the healthcare provider: Informs the patient the telehealth service does not comply with the security and privacy

standards in Utah Code § 26-60-102(8)(b)(ii); provides the patient an opportunity to decline the use of the telehealth service; and takes reasonable care to ensure security and privacy of the telehealth service. Matt mentioned that while there are some telehealth policy changes that he hopes will continue after the COVID-19 pandemic, he noted that the penalty change will most-likely be rolled back as soon as the public health emergency ends.
    - CMS has waived the video requirement for evaluation and management (E/M) services and behavioral health counseling and education services.
- Matt went on to explain other changes during COVID-19. These include
    - Changes to billing and coding. He noted the CMS will reimburse for some Other Virtual Care/Communication (Non-Telehealth) Services during COVID-19.
    - Policies for nursing homes, supervision, prior existing relationship, hospitals (slide 19), licensing (slide 20).
    - Any covered Medicaid service can be delivered through telehealth, and the geographic restrictions do not apply. Services can be provided via phone, not just video (slide 21).

Telehealth Education

- Matt McCullough also discussed how to start a telehealth program and provided online resources and then he transitioned to how UETN can help schools use telemedicine. The Utah Education and Telehealth Network added Betty Sue Hinkson to the advisory council. Matt noted that Betty Sue can connect with the school nurses to better understand the needs of school nurses and how telehealth could help them.

Discussion

- Rand expressed his concerns about relaxing some of the telehealth standards, such as HIPAA, due to possible privacy and security issues. Matt noted that such issues were not brought to his attention, however, there is a lot of confusion and frustration about what is being used for telehealth visits and if the technology is compliant. Matt further noted that a lot of people use Zoom and Google meet. Trish went on to highlight that a lot of the billing companies have HIPAA compliant telemedicine platforms.
- Ken Schaecher mentioned that Granger Medical Clinic (GMC) initially was using various telehealth platforms, however, GMC has consolidated to two platforms and are working to ensure the platforms are HIPAA compliant. He further noted that the Helios platform in eClinicalWorks (eCW) is HIPAA compliant and went on to suggest that that telehealth needs to move away from platforms that may not be compliant. He further spoke about his belief that telehealth use will continue to increase because some providers are trying to figure out how to continue to incorporate it into their practice.
- Rand Rupper said that the Veterans Affairs (VA) has experienced similar issues and trends discussed previously. He noted that the VA has its own telehealth network, however, bandwidth issues resulted in providers using different platforms. The VA

has resolved the issues and as a result, providers are migrating back towards the more standardized tools.

- Rand posed a question regarding how well telehealth visits are being coded. Ken answered that GMC contacted several payers for billing guidance and distributed to their providers a list of the modifiers and codes to help with standardizing billing. Ken believes the University of Utah provider group and Intermountain had similar resources provided to them. Trish went on to provide information from the private practitioner perspective. She noted that private practitioners were contacted and were provided with telehealth coding/billing guidance. She further highlighted that from a private perspective, the coding/billing guidance worked well.

d. School Nurse & Counselor Telehealth Survey - Angela Page

Presentation

- Angela Page showed a video that highlighted the successes of integrating telehealth into schools. Matt McCullough highlighted the results of a school nurse survey, which had a response rate of 30% (68 out of 220 school nurses).
    - From the results, 18% currently of school nurses have access to a secure video conferencing/telehealth platform for treating students virtually and17% were provided telehealth access by their school district.
    - School nurses use Zoom and Google Hangouts.
    - The majority (83%) of school nurses think that video conferencing and telehealth tool would help them perform their job
    - The majority of school nurses (74%) need other remote/virtual equipment or service for performing your job.
    - 78% of school nurses are interested in learning more about telehealth and best practices for remote virtual care.
    - Angela Page noted that healthy students learn better but in Utah, the school nurse to student ratio is 1:3380, and about 2800 students may need frequent attention due to health issues, being economically disadvantaged, etc. (see slides 34 and 35 for more details). Angela stated that legislation for 1-2 years ago has improved the school counselor to student ratio (1:577) and about 390 students need significant intervention, including many mental health issues (see slides 36 and 37 for details). She went on to explain that there is a gap between what the educators need, what the students need, and what the school nurse can provide and how the school nurse can help the primary care provider communicate with the parents and the educators.
- Angela Page mentioned that school-based telehealth involves the use of telecommunications [including interactive video conferencing and other technologies] to deliver a variety of healthcare services to children in a school. Telehealth services being offered are primary and acute care, chronic disease management, behavioral and mental health, speech therapy, hearing screening, dental screening, nutritional counseling, and preventive health education.

- Angela went on to report on a national school-based health census of 2016-17, highlighting that school-based telehealth is not new-- it is only new to Utah. The types of delivery models in a school-based health system include:
    - *Traditional school-based health centers* patient access care at a fixed site on a school campus. This model is used the most.
    - *School linked school-based health centers* patients access care at a fixed site near the school campus.
    - *Mobile school-based Health Centers* patients access care at a mobile van parked on or near the school campus.
    - *Telehealth exclusive health centers* patients access care at a fixed site on the school campus. All primary care is delivered remotely and other services may be available onsite or remotely.
- *Reasons to Act Now*. Angela noted that now is the "right-time" policy-wise to integrate telehealth in Utah schools because the Utah state school board has a safe and healthy school initiative. She went on to give four reasons why Utah should begin investigating integrating telehealth in schools.
    - **Infrastructure**. Utah presently has the urban Federally Qualified Health Centers (FQHCs), as well as suburban, rural, and hospital infrastructure in place.
    - **Policy**. House Bill 313 gives reimbursement for telehealth and telemedicine services and House Bill 323 was introduced to allow the use of telehealth for mental health screening in schools. Also, multiple national professional organizations have policy statements supporting school-based telehealth services and programs.
    - **Funding**. There are currently several pathways to fund telehealth at schools. Fund streams range from Medicare and Medicaid reimbursements as well as grants and community outreach and philanthropy.
    - **Partnerships**. Develop partnerships with the Department of Education FQHCs, the Department of Health, nonprofit organizations, insurance companies, and universities.
    - **Patterns and precedents**. Patterns and precedents are available nationally in Georgia, North Carolina, Rochester, Kansas University of North Carolina, and the Indiana Rural Health Network.
- *Recommendations*. Angela highlighted that the UDHSC is in a great position to facilitate the integration of telehealth in Utah schools. She went on to provide two recommendations on how UDHSC can impact the adoption of school-based telehealth in Utah: 1. the formation of a state commission to investigate school-based telehealth options in Utah and 2. Using the UETN network to connect local health departments to schools and school nurses for COVID-19 related issues and concerns.
- Angela mentioned that there is a great need in schools for mental health services. She further noted that school counselors can provide screening there is a need for mental health providers who can provide counseling to students. Trish Henrie-Barrus

pointed out that mental health counselors will be available in school in the next couple of years. Angela highlighted that although Utah is behind the curve in providing mental health services in schools compared to the rest of the nation, however, it provides an opportunity for Utah to take lessons learned from other states to provide mental health services in Utah schools more efficiently.

e. Round Table – Telehealth Issues & Next Steps

Discussion on Angela's 2 recommendations for school-based telehealth in Utah

- Rand provided two possible options for implementing the recommendations: 1. create a subgroup within the UDHSC that focuses on telehealth in schools, and 2. provide recommendations to the Department of Health executive director to explore implementing the recommendations at the state level. Matt and Navina added that the recommendations can also be provided to or through legislators (Matt and Navina's suggestion).
- Angela suggested bringing key stakeholders together (such as the Department of Health and the Department of Education) to discuss potential school-based telehealth models, Navina agreed.
- Matt McCullough posed a question about UDHSC subgroups for specific topics that can be used to form the possible UDHSC telehealth subgroup. Navina confirmed that the UDHSC had a telehealth subgroup but went on to point out that due to the busy schedules of the Commissioners time commitment to a subgroup may be limited. Rand also mentioned that there have been some task-based subgroups in the past that will work on specific issues for a limited time. He suggested that the Department of Health and Department of Education look at this [telehealth in schools] together. He went on to highlight that the COVID-19 pandemic would help increase the telehealth adoption in schools in a short time.
- Angela suggested that immediate action could be to bring the topic of telehealth in schools to the state Board of Education and the Department of Health to help meet the immediate need of COVID-19. Rand expressed concerns about the current bandwidth at the Department of Health due to COVID-19 related activities. As a result, he was not sure of the best way to make a connection between public health systems and education systems right now.
- Navina noted that there are subgroups related to COVID-19 and schools. Sarah expressed that the use of telehealth in schools during COVID-19 is the "perfect" use case and the Commission should work on connecting interested parties. Navina agreed and assigned herself the task of identifying and connecting people to work on the telehealth in schools use case.
- Trish suggested working with universities, especially with educational psychology departments, because some students are having difficulties finding internships during the COVID-19 pandemic. Angela agreed with Trish's idea and stated that there are many opportunities in telehealth and telemental health.
- *Schools and Local health departments (LHDs) connections.* Angela noted that connecting LHDs with school nurses is imperative during the COVID-19 pandemic.

Matt McCullough stated that the UETN has connections with LHDs and schools and is currently working on implementing a telehealth platform that will allow school nurses access to a HIPAA-compliant telehealth platform (this will be dependent on the addition of licenses for nurses).

- Rand recommended creating a small group to brainstorm strategies for Angela's first recommendation which could result in a formal UDHC vote recommendation. He also urged the Commissioners to think about a legislative approach.
- *Revisit recommendations* (creation of subgroup and passing recommendations to UDOH leadership). Angela highlighted that the COVID-19 use case should be added to the second recommendation, as well as the addition of the mental health component. Trish once again stressed the possibility of involving universities to provide internship and practicum opportunities for students.
- Navina suggested that the Commission writes a letter to Dr. Miner highlighting the sustainment of telehealth practices. Navina further mentioned that she can also email Commissioners to see who is interested in joining a small telehealth subgroup and also noted that she has already sent out an inquiry about connecting with education and will work on finding more information about the working relationship between LHDs and schools.

Action 4: Matt McCullough drafts a letter of support for the sustainment of Telehealth and sends back to the commission.

Action 5: Navina email Commissioners to see who is interested in joining a small telehealth subgroup.

Action 6: Navina does some research on the second recommendation about using the UETN network to connect local health departments to schools and school nurses for COVID-19 related concerns.

Action 7: A subgroup of Commissioners will have an interim meeting to discuss steps to implement the recommendations.

4. **Informational:**

   a. **Reminder Next Month's meeting focus – Continuing Telehealth discussion in next meeting, and focusing around mental health**
      - Rand suggested continuing the telehealth discussion at the next meeting and noted that the focus for the September meeting is on mental health for the education.

Wrap Up and Next Steps:

MOTION 2: Having no other business, the meeting to adjourn at 12:00 pm.

The next DHSC meeting is scheduled for Thursday, September 3, 2020 from 10:00 am to 12:00 pm.